

Nevada State Board of

# NURSING NEWS

October 2012



## Public Safety EDITION

Nurse Investigators Receive National Council of State  
Boards of Nursing TERCAP Award

CDC TIPS prevent harm from improper use of single dose/single-use vials



# Searching for a friendly, family-oriented work environment in the Southwest region?



## Picture Yourself at MMC

- Las Cruces is a Growing City with Small Town Appeal
- Competitive Pay
- Great Benefits
- 401K Plan
- Relocation Assistance

Visit us at [mmcl.org](http://mmcl.org)  
and apply online



Memorial Medical Center  
Care for your health.

The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

**Debra Scott**, MSN, RN, FRE  
Executive Director

**Roseann Colosimo**, PhD, MSN, RN  
Education Consultant, Editor  
888-590-6726

nursingboard@nsbn.state.nv.us

The **Nevada State Board of Nursing News** publishes news and information quarterly about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

Circulation includes more than  
35,000 nurses, nursing assistants  
and student nurses.

## CONTACT

NEVADA STATE BOARD OF NURSING  
5011 Meadowood Mall Way, Suite 300  
Reno, NV 89502-6547  
phone—888-590-6726  
fax—775-687-7707  
nursingboard@nsbn.state.nv.us

2500 W. Sahara Ave., Suite 207  
Las Vegas, NV 89102-4392  
phone—888-590-6726  
fax—702-486-5803  
nursingboard@nsbn.state.nv.us

WORLD WIDE WEB  
nevadanursingboard.org

*Advertisements do not reflect the opinion of  
the Nevada State Board of Nursing and are not  
verified by the Board for their accuracy*

### Address changed?

You may change your address by visiting our website and clicking the "Address Change" link.

### Address change? Name change? Question?

In order to continue uninterrupted delivery of mail from the Board, please notify staff of any change to your name or address

Edition 36



**Published by  
Publishing Concepts, Inc.**

Virginia Robertson, Publisher  
vrobertson@pcipublishing.com  
14109 Taylor Loop Road  
Little Rock, AR 72223 / 501.221.9986

**For advertising information contact:**  
Greg Jones at 800.561.4686 ext.105  
gjones@pcipublishing.com  
visit our website

**ThinkNurse.com**



DISCIPLINARY  
AND LICENSURE/  
CERTIFICATION  
ACTIONS  
can be found on the  
Board's website:  
[nevadanursingboard.org](http://nevadanursingboard.org)



## contents

<b>Executive Director's Message</b>	<b>4</b>
<b>President's Message</b>	<b>5</b>
<b>Protect Patients Against Preventable Harm from Improper Use of Single-dose/Single-use Vials</b>	<b>6</b>
<b>FAQS About Single-dose/Single-use Vials</b>	<b>10</b>
<b>Board Talk</b>	<b>11</b>
<b>MEET THE STAFF</b>	<b>11</b>
<b>Kudos to Nevada Nursing Authors</b>	<b>13</b>
<b>Cover Story: TERCAP® Award</b>	<b>14</b>
<b>Walk With Me</b>	<b>17</b>
<b>Walk with a Nurse Investigator</b>	<b>18</b>
<b>NSBN Directory and Board Members</b>	<b>19</b>
<b>Healthy Nevada Nurses Initiative</b>	<b>21</b>



# MESSAGE

## • FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

Just recently, I overheard two nursing students talking about a presentation that my staff had provided to their class. One student said, “The nursing board isn’t there to support nurses; they’re all about protecting patients. We pay them and get no support in return.” The other student responded, “Wait a minute! Isn’t that what nurses do? We protect patients; that’s our number one priority, right?” As Board staff, we underscore that the mission of the Board is to protect the public’s health, safety and welfare through effective regulation of nursing during every presentation we give. The response varies with the specific audience. It is our desire that everyone is very clear about our role.

Our Board meets every July to assess the progress that has been made related to our short and long term goals and objectives. We evaluate our resources and then develop a strategy for the upcoming year and beyond. The Board gives policy direction and subsequently, Board staff set up operations to implement that direction. The best of all worlds includes clear direction from the Board coupled with mutual trust and respect between and among Board members and Board staff. We’re in this together.

Isn’t that also true about the Board and nurses? Aren’t we in this together? Don’t we have the same ultimate goal—to protect patients from harm? Aren’t we, as nurses, patient advocates first? Aren’t we in the best position to intervene when there is potential for harm? Don’t we see what is actually happening on a day to day, hour to hour, minute to minute basis when patients are receiving health care services? Isn’t our number one priority the welfare of our patients, no matter where we practice?

Of course it is.

Then why are there incidents of conduct by professionals that go unreported or unchecked? Why are there health care environments where nurses report that “Patients are in danger every day?” Why is bad or risky behavior tolerated by coworkers of professionals who are jeopardizing patient welfare? Are we too busy? Are we burned out? Do we just choose to not get involved because “it’s not my problem?” Have we become so distracted by the social, political, environmental, or the liability aspects of our profession that we have forgotten our ultimate responsibility to protect our patients.

I believe the answer to these questions is no. I think we need reminding of this most important role we have as nurses. Reminders come in many forms. One form may be a “close call.” Another form may be hearing a story of a bad patient outcome when a nurse failed to intervene. If you attend a Board meeting, you may be reminded about the effect misconduct may have on your license. Self introspection before harm to a patient is preferable. This is the reason for my words today.

The challenge then is to align our resources in creating and supporting a Culture of Safety. Nurses, employers of nurses, schools of nursing, professional associations, regulatory agencies, and consumers of health care services must join efforts to ensure adherence to safety measures in every aspect of health care delivery. We must have knowledge of the tools at our disposal and commit ourselves to intervene as patient advocates first and foremost. I encourage all of us to look inward and make a new commitment to a Culture of Safety; our patients deserve only the best we can give.





# WORDS

## ● FROM THE PRESIDENT

Tish Smyer, DNSc, RN, NSBN President

As the Nevada State Board of Nursing (NSBN) changes leadership and I step into the role of President, it is a good idea to reflect on the accomplishments of the Board in the last 4 years under the leadership of President Doreen Begley and President Kelly Espinoza. There have been many initiatives to meet the mission of the Nevada State Board of Nursing which is “to protect the public’s health, safety and welfare through effective regulation of nursing.” While space does not permit a full accounting of all the initiatives NSBN has developed and implemented, some of the most important are discussed below. A note about National Council of State Boards of Nursing (NCSBN) is necessary at this point. NCSBN is a collective voice for nursing regulation and has 60 members which includes every state board of nursing in the US, the District of Columbia, and its 4 territories. It also has associate members from Alberta, British Columbia, Ontario, Manitoba, Nova Scotia, Singapore, and New Zealand.

How does the NSBN maintain effective regulation? One way is through ongoing performance measurements and benchmarking. The NSBN is involved with a project, Commitment to Ongoing Regulatory Excellence (CORE), which provides evidence based data to meet our legislative mandate. Through data collected and analyzed by the National Council of State Boards of Nursing (NCSBN), NSBN has access to comparative data to enhance regulation in the state of Nevada. This data is collected from employers, nursing education programs and nurses in the state of Nevada and addresses five areas. These include discipline, practice, education program approval, licensure and administration. Nevada has used prior reports to improve and excel in specific areas. For example: The NSBN complete 81% of disciplinary cases at the end of the physical year whereas nationally it is only 62%. Our average number of days from receipt of complaint to resolution is 120 days whereas nationally it is 222 days. However, for 2011/2012 the NSBN has decreased that time to 83 days. The length of time to obtain a license upon the Board’s receiving a completed application is 1 day in Nevada and 12 days nationally. Eighty-three percent of licensure is now renewed online in Nevada. When employers were asked how well the Board protects the public, the score was 3.3 on a 4 points scale with 4 being well. That national average score was 3.09.

The Board proactively joined NURSYS, which allows employers and the general public to verify licenses and receive a detailed report immediately free of charge. NURSYS website contains vital information particularly related to discipline against licensees.

Be sure and visit the new NSBN website (<http://nevadanursingboard.org/>). The new NSBN website provides transparent information about meetings, educational programs, and information useful to the practicing nurse, those seeking licensure in Nevada, and any other stakeholder.

The staff at NSBN has won national awards from NCSBN, the most receipt being the coveted Meritorious Service Award for outstanding regulators awarded to Debra Scott the Executive Director of the NSBN. Our staff is appointed to prestigious committees at NCSBN such as the Committee to Ongoing Regulatory Excellence and education committees. Nevada was recently one of the winners of the 2012 NCSBN Taxonomy of Error, Root Cause Analysis and Practice-responsibility or TERCAP Award. Our Board members also are appointed to committees and this close relationship with NCSBN brings a national perspective back to our state so we can strive for excellence.

As I begin the presidency of the NSBN, I will share with you that my assumptions about the NSBN and practicing nurses is that “public safety” is the common denominator. The goals of regulation and practice work in a partnership that advocates for the public whether defined as patients or all the citizens of Nevada. Ensuring safe and effective practice maintains the integrity and trust of the public for the nursing profession.

# CDCs POSITION

## • Protect Patients Against Preventable Harm from Improper Use of Single-dose/Single-use Vials

CDC is aware of confusion about and misrepresentation of guidelines protecting patients from disease that occurs when clinicians use single-dose/single-use vials for more than one patient. In an effort to ensure clinicians are clear about CDC guidelines, the agency is restating its position on the use of single-dose/single-use vials and also seeks to dispel inaccuracies being disseminated to healthcare providers.

### CDC'S POSITION

#### Protect Patients Against Preventable Harm from Improper Use of Single-dose/Single-use Vials

The Centers for Disease Control and Prevention's guidelines call for medications labeled as "single dose" or "single use" to be used for only one patient. This practice protects patients from life-threatening infections that occur when medications get contaminated from unsafe use. Concerns have been raised about whether these guidelines and related policies contribute to drug shortages and increased medical costs to healthcare providers. CDC recognizes the problem of drug shortages; however, such shortages are a result of manufacturing, shipping, and other issues unrelated to the above guidelines ([www.fda.gov/DrugShortageReport](http://www.fda.gov/DrugShortageReport)). CDC's top priority is protecting patients from harm. CDC routinely investigates and is apprised of infectious disease outbreaks involving single-dose/single-use vials being used for multiple patients. These outbreaks cause extensive harm to patients, and they are associated with significant healthcare and legal expenses. Therefore, CDC continues to strongly support its current policies regarding single-dose/single-use vials. It is imperative that drug shortages and drug waste concerns are dealt with appropriately and do not lead to unsafe medical practices that impose increased disease risk on patients. Shortages of some essential medications may warrant implementation of meticulously applied practice and quality standards, as stated in United States Pharmacopeia General Chapter <797> Pharmaceutical Compounding – Sterile Preparations, to split doses under sterile conditions.

### GENERAL MESSAGES

- Vials labeled by the manufacturer as "single dose" or "single use" should only be used for a single patient. These medications typically lack antimicrobial preservatives and can become contaminated and serve as a source of infection when they are used inappropriately.

- Ongoing outbreaks provide ample evidence that inappropriate use of single-dose/single-use vials causes patient harm.

- In times of critical need, contents from unopened single-dose/single-use vials can be repackaged for multiple patients. However, this should only be performed by qualified healthcare personnel in accordance with standards in accordance with standards.

- Lowering safety standards will not address the problem of drug shortages.

### BASIC SAFE INJECTION PRACTICE MESSAGES

1. CDC evidence-based guidelines define safe injection practices under Standard Precautions. These include one-time use of needles and syringes and limiting sharing of medication vials. Vials labeled as "single dose" or "single use" should not be used on multiple patients.

- a. A large single-dose/single-use vial may appear to contain adequate drug to treat more than one patient. However, this does not change the fact that the vial is not intended for such use and, therefore, it should only be used for a single patient and a single procedure.

2. Unsafe injection practices include, but are not limited to, reuse of syringes for multiple patients or to access shared medications, administration of medication from a single-dose/single-use vial to multiple patients, and failure to use aseptic technique when preparing and administering injections.

3. Injection safety is every provider's responsibility. It is especially important to remember that when injecting medications into sterile sites, such as the spine, there is no margin for error.

4. When providers deviate from CDC's safe practice guidelines, they are imposing risks on their patients. Since the CDC Guidelines were published in 2007, CDC is aware of at least 19 outbreaks associated with single-dose/single-use medications:

- a. 7 outbreaks involved bloodborne pathogen infections and 12 involved bacterial infections (with a majority of affected patients requiring hospitalization)

- b. All of these outbreaks involved outpatient settings, with the majority occurring in pain remediation clinics (n=8).

5. Healthcare providers should consult with pharmacy professionals and USP 797 standards when there is a need to subdivide contents of single-dose/single-use vials.

continued on page 8 >>



## 2012 NEVADA HEALTH CONFERENCE:

A Focus on Immunizations and MCH

TUSCANY SUITES & CASINO | LAS VEGAS, NEVADA



NOVEMBER 1-2, 2012

immunize  
nevada

 **MCH**  
NV Statewide Maternal and  
Child Health (MCH) Coalition  
*Healthy moms and children strengthen Nevada*

### REGISTER TODAY

Early-bird Deadline: September 21 – \$150 • Advance Registration Deadline: October 19 – \$200

For information visit [www.immunizenevada.org](http://www.immunizenevada.org)  
or email [info@immunizenevada.org](mailto:info@immunizenevada.org)

You realized your nursing dream.

## Now Realize Your POTENTIAL.

### Earn your BSN or MSN Online.

You've come a long way since your first day as an RN. Go even further with one of Jacksonville University's acclaimed nursing programs, offered in a 100% online classroom.

- RN to BSN – Now Offering Scholarships!
- MSN: Leadership in Healthcare Systems
- MSN: Clinical Nurse Educator

📧 [JacksonvilleU.com/PC](http://JacksonvilleU.com/PC)  
Or, talk with a specialist:  
800-571-4934  
8-week classes | 6 sessions per year



© 2012 All Rights Reserved. Made Available by University Alliance®  
The Nation's Leading Universities Online. SC: 191734ZJ1 | MCID: 2742

**JACKSONVILLE**  
UNIVERSITY  
SCHOOL OF NURSING

One of America's Best Colleges  
U.S. News & World Report

# UNIVERSITY OF NEVADA, RENO

Orvis School of Nursing

[www.unr.edu/nursing](http://www.unr.edu/nursing)

- B.S. in Nursing
- RN to BSN
- M.S. in Nursing
  - FNP
  - Nurse Educator
  - Clinical Nurse Leader
- DNP (Doctor of Nursing Practice)  
(A collaborative program with UNLV)

**N**

University of Nevada, Reno  
Statewide • Worldwide



**MISPERCEPTIONS VS. FACTS**

CDC is aware of a number of misinterpretations or misrepresentations of CDC's guidelines regarding single-dose/single-use vials. CDC outlines below some of these issues and provides more explanation of the agency's position.

MISINTERPRETATION/MISPERCEPTION	FACT
Improper use of single-dose/single-use vials puts patients at risk of infection with only blood-borne pathogens such as hepatitis C virus.	Infection risk is not just limited to bloodborne pathogens. Outbreaks from improper use of single-dose/single-use vials have resulted in life-threatening bacterial infections including bloodstream infections, meningitis, and epidural abscesses. Many of these infections have occurred following injection procedures performed in pain remediation clinics.
Guidance regarding safe handling of single-dose/single-use vials is new and has only been in place since 2010.	CDC injection safety guidelines are not new. They have been part of Standard Precautions since 2007 ( <a href="http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html">http://www.cdc.gov/injectionsafety/IP07_standardPrecaution.html</a> ).
According to CDC, there is never a circumstance when contents from a single-dose/single-use vial may be used for more than one patient.	CDC recommends that providers limit the sharing of medications whenever possible. In certain instances, qualified healthcare personnel may repackage medication from a previously unopened single-dose/single-use vial into multiple single-use vehicles (e.g., syringes). This should only be performed under ISO Class 5 conditions in accordance with all standards in by the United States Pharmacopeia General Chapter 797, Pharmaceutical Compounding – Sterile Preparations, as well as the manufacturer's recommendations pertaining to safe storage of that medication outside of its original container.
There is no evidence that single-dose/single-use vials used for multiple patients are responsible for infections if "proper infection control measures" are applied.	Dedicating a single-dose/single-use vial to one patient is, in and of itself, a critical element of proper infection control. CDC continues to see outbreaks in healthcare settings where providers thought they were preparing and administering injections safely. In the last 5 years alone, CDC is aware of at least 26 outbreaks due to unsafe injection practices. These outbreaks resulted in more than 95,000 patients being referred for testing after potential exposure to infectious diseases. 73% (n=19) of these outbreaks involved use of single-dose/single-use medications for more than one patient. Several of these outbreaks are listed here. All of the outbreaks associated with improper use of single-dose/single-use medications occurred in outpatient settings, with pain clinics (n=8, 42%) representing the most common facility type. These and other suboptimal practices are common, as reported by numerous studies about infection control compliance rates. In fact, in one study published in the Journal of the American Medical Association, CDC and Centers for Medicare and Medicaid Services colleagues reported that two-thirds of the outpatient facilities inspected had lapses in basic infection control practices ( <a href="http://blogs.cdc.gov/safehealthcare/?p=419">http://blogs.cdc.gov/safehealthcare/?p=419</a> ). Moreover, infection surveillance is lacking in most outpatient settings; thus it is likely that outbreaks are occurring at a higher frequency, but going undetected.
CDC's recommendations regarding single-dose/single-use vials are flexible. In 2002 the agency issued a communication to the Centers for Medicare and Medicaid Services (CMS) regarding how to safely use contents from single-dose/single-use vials for more than one patient in a dialysis setting. If they allowed use of single-dose/single-use vials for more than one patient in dialysis clinics, why can't it be applied to other patients?	The current injection safety guidance is part of CDC's 2007 Guideline Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. This guidance supersedes all other formal and informal guidance on this topic and was developed to reflect accumulating evidence, including bloodborne pathogen risk, gathered from outbreaks caused by unsafe injection practices.

continued &gt;&gt;



# Single-dose/ Single-use Vials



MISINTERPRETATION/MISPERCEPTION	FACT
In 2002, an informal communication to the Centers for Medicare and Medicaid Services (CMS) suggested that certain medications packaged in a single-dose/single-use vial could be used for more than one patient in dialysis settings, assuming that certain criteria were followed. In 2008, CDC issued a formal clarification specifically to dialysis providers stating that the 2007 guidance superseded the 2002 CDC communication to CMS ( <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5732a3.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5732a3.htm</a> ).	<< continued from previous page
Considerable healthcare savings could be achieved if less stringent policies were in place.	Any potential savings from stretching the contents of single- dose/single-use vials by healthcare providers can be quickly offset by the costs associated with viral hepatitis, bloodstream infections, meningitis, epidural abscesses and other infectious complications. These costs are primarily borne by patients and their families. In addition, clinicians could face legal costs and potentially lose their medical licenses if basic safe practices are not followed and patients are harmed.

SAVE THE DATE! OCTOBER 20-23, 2012

## Clinical Symposium on Advances in SKIN & WOUND CARE The Conference for Prevention and Healing

CAESARS PALACE, LAS VEGAS, NV

For full conference details and online registration,  
scan this code with your smart phone or go to  
[symposiumonwoundcare.com](http://symposiumonwoundcare.com)



Wolters Kluwer | Lippincott Williams & Wilkins  
Health

Publisher of *Advances in Skin & Wound Care* journal

2-K071A

# FAQs



## • About Single-dose/Single-use Vials

**What is a single-dose or single-use vial?** A single-dose or single-use vial is a vial of liquid medication intended for parenteral administration (injection or infusion) that is meant for use in a single patient for a single case/procedure/injection. Single-dose or single-use vials are labeled as such by the manufacturer and typically lack an antimicrobial preservative.

**Can single-dose or single-use vials be used for more than one patient?** No. Vials that are labeled as single-dose or single-use should be used for a single patient and single case/procedure/injection. There have been multiple outbreaks resulting from healthcare personnel using single-dose or single-use vials for multiple patients. Even if a single-dose or single-use vial appears to contain multiple doses or contains more medication than is needed for a single patient, that vial should not be used for more than one patient nor stored for future use on the same patient. To prevent unnecessary waste or the temptation to use contents from single-dose or single-use vials for more than one patient, clinicians and purchasing personnel should select the smallest vial necessary for their needs when making treatment and purchasing decisions.

**Is it acceptable to combine (pool) leftover medication from single-dose or single-use vials?** No. Do not combine (pool) leftover contents of single-dose or single-use vials or store single-dose or single-use vials for later use. Single-dose or single-use vials are intended for use on a single patient for a single case/procedure. There have been outbreaks resulting from pooling of contents of single-dose or single-use vials and/or storage of contents for future use.

**When should single-dose or single-use vials be discarded?** Medication vials should always be discarded whenever sterility is compromised or questionable. In addition, the following recommendations are made for handling of single-dose or single-use vials:

If a single-dose or single-use vial has been opened or accessed (e.g., needle-punctured) the vial should be discarded according to the time the manufacturer specifies for the opened vial or at the end of the case/procedure for which it is being used, whichever comes first. It should not be stored for future use.

If a single-dose or single-use vial has not been opened or accessed (e.g., needle-punctured), it should be discarded according to the manufacturer's expiration date.

**Is there any option for medication from a single-dose/single-use vial to be used for more than one patient?**

It is optimal for the medication to be used for just one patient. Shortages of some essential medications may warrant implementation of meticulously applied practice and quality standards to split doses under sterile conditions. In these cases, qualified healthcare personnel may repack medication from a previously unopened single-dose/single-use vial into multiple single-use vehicles (e.g., syringes). This should only be performed under ISO Class 5 conditions in accordance with standards in United States Pharmacopeia General Chapter 797, Pharmaceutical Compounding – Sterile Preparations, as well as the manufacturer's recommendations pertaining to safe storage of that medication outside of its original container.

**For more information, please see:** CDC Injection Safety Website: <http://www.cdc.gov/injectionsafety/>

• Free CME • Injection Safety Guidelines as part of Standard Precautions • Checklists/CDC Guide to Minimum Expectations for Safe Care • Medscape expert commentary videos • Recent Publications • Educational materials for patients and clinicians

Safe Injection Practices Coalition Website: <http://www.oneandonlycampaign.org/>

• Clinician tools • Patient information • Educational materials

CDC Safe Healthcare Blog Entries Related to Injection Safety: <http://blogs.cdc.gov/safehealthcare/?cat=164>

CDC Outpatient Settings Website: [www.cdc.gov/HAI/settings/outpatient/outpatient-settings.html](http://www.cdc.gov/HAI/settings/outpatient/outpatient-settings.html)



# BOARD TALK

## BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

## BOARD MEETING DATES

November 7-9 2012 Reno  
January 16-18 2013 Las Vegas

## ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for an appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for a committee application.

## MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via video-conference in Reno and Las Vegas.

### Advanced Practice Advisory Committee (none)

November 27, 2012

### Certified Nursing Assistant/MA-C Advisory Committee (three)

October 18, 2012

### Disability Advisory Committee (seven)

October 19, 2012

### Education Advisory Committee (one)

October 25, 2012

### Nursing Practice Advisory Committee (none)

October 16, 2012

December 11, 2012

## • COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

## • WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

## YOU'RE IN GOOD COMPANY

Active Nevada licenses/certificates on September 10, 2012

APN • 767 CNA • 7,553 LPN • 3,261 RN • 28,115

## MOVING?

Now you can change your address online!

The law requires you to inform the Board when you change addresses

You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to [nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us), call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, date of birth, and email address.

## MEET THE STAFF

### • Rhoda Cope is one of the Board's receptionists.



As a receptionist, Rhoda is responsible for general program support including inquiries, information and referrals, processing initial and renewal applications, and fingerprint capture.

Rhoda started working for the Board in September 2010. Prior to coming to the Board, she worked as a unit clerk. Rhoda says there is great communication among the staff. She would like to share, "Any questions you may have regarding your application or your nursing license, please give us a call. We are more than happy to answer any questions you may have, it's what we are here for."

Rhoda enjoys spending her free time with family and friends. Her favorite parts about living in Nevada are Hot August Nights and the Rib Cook-off.



Use the *past*, in the *present*,  
to change <sup>the</sup> **FUTURE**  
by **TEACHING!**

Kaplan College Las Vegas — School of Nursing is accepting applications for F/T INSTRUCTORS. Must have MSN and clinical experience. OB, Peds +/- Psych Specialty Preferred.



**KAPLAN  
COLLEGE**

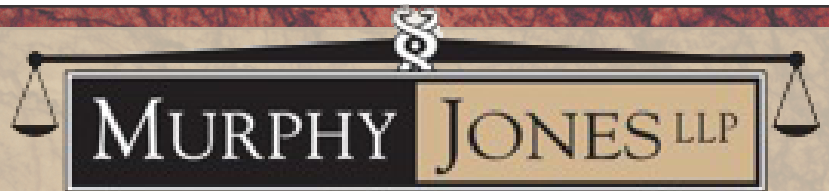
Please email resume to  
Dr. Katherine Cylke, DON, at [kcylike@kaplan.edu](mailto:kcylike@kaplan.edu) or mail  
to: Kaplan College, 3535 W. Sahara, Las Vegas 89102



Providing statewide access  
to online health professional  
continuing education and  
training courses that are  
convenient, affordable, and  
geared just for you!!!



[www.hightsierraahec.org](http://www.hightsierraahec.org)



ATTORNEYS & COUNSELORS AT LAW

[www.murphyjoneslaw.com](http://www.murphyjoneslaw.com)



Kathleen Murphy Jones  
Nurse Attorney

30+ Years experience  
RN since 1981, Attorney since 1993



Kevin C. Murphy

**Medical Experience, Legal Expertise.**

*Offering legal services for all Nursing Board related matters,  
including disciplinary defense and licensing issues.*

**Serving all Nevada Nurses**

Phone: 702.990.3703

[www.murphyjoneslaw.com](http://www.murphyjoneslaw.com)



# KUDOS

• to Nevada nursing authors •

**Baily L., Bar-on M., Yucha C.B., & Snyder S.J.** Six Challenges Encountered in the Opening of a Multi-Institutional, Interprofessional Simulation Center Clinical Simulation in Nursing (Vol.null) (Published online February 20, 2012) [http://www.nursingsimulation.org/article/S1876-1399\(11\)00270-2/abstract](http://www.nursingsimulation.org/article/S1876-1399(11)00270-2/abstract)

**Bevil C.A., Cohen M.Z., Sherlock J.R., Yoon S.L., Yucha C.B.** Research Support in Doctoral-Granting Schools of Nursing: A Decade Later. *Journal of Professional Nursing*, 2012;201:28(2);74-81.

**Bolstad, A., Xu, Y., Shen, J., Covelli, M., & Torpey, M.** (2012). Use of standardized patients and inter-rater reliability in a study on communication competence of international nurses. *Nursing & Health Sciences*, 14, 67-73.

**Candela, L., Gutierrez, A., Dufek, J., Putney, L. & Mercer, J.** (2012). Modifying the Diabetes Prevention Program (DPP) to adolescents in a school setting: a feasibility study. *International Scholarly Research Network Journal*, doi: 10.5402/2012/534085.

**Dalusung-Angosta. A.** (2012). Atypica appendicitis in the older patient. *Journal of Urgent Care Medicine*. Retrieved from: <http://jucm.com/read/casereport.hph?casereport=29>

**Fildes, E.E., Wilson, M, Crawford, B.J., Kapella, S., Wilson, L., Henkelman, W.J.** (2011). Tobacco Quitlines in the United States. *Nursing Clinics of North America*, doi:10.1016/j.cnur.2011.10.009

**Gaelan, M.G., Alpert P.T., Cross C., Louis M. & Kowalski S.** (2012). Postural balance in young adults: The role of visual, vestibular and somatosensory systems. *Journal of the American Academy of Nurse Practitioners*, 24(6), 375-381. \*\*

**Gutierrez, A., Candela, L. & Carver, L.** (2012). The structural relationships between organizational commitment, global job satisfaction, developmental experiences, work values, organizational support, and person-organization fit among nursing faculty. *Journal of Advanced Nursing*, doi: 10.1111/j.1365-2648.2012.05990.x.

**Johnson M., Smyer P., & Yucha C.B.** Methodological Quality of Quantitative Nursing Lesbian, Gay, Bisexual, and Transgender Research from 2000 to 2010. *Advances in Nursing Science*, 2012;35(2);154-165.

**Kawi, J.** (2012). Self-management support in chronic illness care: A concept analysis. *Research and Theory for Nursing Practice* (in press).

**Kawi, J.** (2012). Self-Management and Self-Management Support on Functional Ablement in Chronic Low Back Pain. **Pain Management Nursing** (in press).

**Kawi, J.** (2012). Self-Management and Self-Management Support in Chronic Pain SubGroups: Integrative Review. *The Journal for Nurse Practitioners* (in press).

**Schneider B.S., Vigil S. & Moonie S.** (2012). Body weight and leukocyte infiltration after an acute exercise-related muscle injury in ovariectomized mice treated with estrogen and progesterone. *General and Comparative Endocrinology*, 176, 144-150.

**Shen, J., Xu, Y., Bolstad, A., Covelli, M., Torpey, M., & Colosimo, R.** (2012). Effects of a short-term linguistic class on communication competence of international nurses: Implications for practice, policy, and research. *Nursing Economics*, 30(1), 21-28

## BOOK CHAPTER:

**Sabo C.** (2012). Immunity. In J.F. Giddens (Ed.), *Concepts for Nursing Practice*. (2nd ed., pp. 204-215). St. Louis: Elsevier Inc.

**Sabo C.** (2012). Inflammation. In J.F. Giddens (Ed.), *Concepts for Nursing Practice*. (2nd ed., pp 216-226). St Louis: Elsevier Inc.

**Sabo C.** (2012). Infection. In J.F. Giddens (Ed.), *Concepts for Nursing Practice*. (2nd ed). St Louis: Elsevier Inc.

## IN PRESS:

**Yucha C.B., Bar-on M., Snyder S., Frommer D, & Baily L.** Putting It All Together: A Clinical Simulation Center that Is Multi-Disciplinary and Multi-Institutional," *Nursing Education Perspectives*. (In Press).

**Alpert P., Yucha C.B.** An Advanced Practice Nursing Program for Foreign Medical Doctors: A Practical Approach. *Nursing Education Perspectives*. (In Press).

**Prato C., Yucha C.B.** Biofeedback Assisted Relaxation Training to Decrease Test Anxiety in Nursing Students. *Nursing Education Perspectives*. (In Press).



# COVERSTORY

## • NURSE INVESTIGATORS RECEIVE TERCAP AWARD.

The Board of Nursing is proud to have our nurse investigators on the cover of this issue with the TERCAP® (Taxonomy of Error, Root Cause Analysis and Practice) Award recently bestowed by the National Council of State Boards of Nursing for their contributions to this important national study.

Florence Nightingale changed the world with her famous wedge diagram showing different causes of death of British soldiers during the Crimean War. Today, the Board's Registered Nurse Investigators carry on the tradition of determining cause and effect in nursing practice by participating in the National Council of State Boards of

Nursing TERCAP® project to systematically analyze practice errors and their root cause, and analyze both system breakdowns and breakdowns in practice from an individual perspective. "This type of analysis will facilitate the development of strategic interventions to minimize the risk factors that may endanger patient safety" (<http://www.NSCBN.org>).

The Nevada nurse investigators are helping to create evidenced based research for improved patient safety by collecting and inputting data into the TERCAP® data set. Information submitted to the data set does not contain patient, nurse or facility identifiers. This maintains the confidentiality of the parties involved. The Board receives information that demonstrates that in many nursing environments today, the culture does not support admitting that errors occurred because of fear of being written up and/or losing employment. Patients may ultimately suffer from repeated practice errors because when no one admits an error occurred, solutions cannot be developed to prevent history from repeating itself. Research to identify the root cause of error is critical to the



## When your **career** is on **the line,**

**contact the Healthcare  
Professionals Advocacy Group at**

**HUTCHISON & STEFFEN**  
ATTORNEYS

- **Nursing Board Representation**
- **Regulatory Requirements and Compliance**
- **Credentialing and Privileges**
- **Malpractice Defense**

LAS VEGAS
RENO
SALT LAKE CITY
PHOENIX

PECCOLE PROFESSIONAL PARK • 10080 WEST ALTA DRIVE, SUITE 200 • LAS VEGAS, NEVADA 89145  
 702-385-2500 • HUTCHLEGAL.COM



development of safe and effective nursing practice.

Many of you may be involved in similar research at your hospital, agency or school of nursing where you are analyzing data to improve patient safety. It is our responsibility as professionals to continue to develop these research data sets to inform decision making and standards of practice. The Board is committed to continued participation in the TERCAP® project to support its mission of protecting the public's health, safety and welfare through effective regulation of nursing. Please join us in congratulating Linda, Cynthia, and Sherri for their work in this important area.

TERCAP® 2011 Protocol. Copyright by the National Council of State Boards of Nursing, Inc. All rights reserved. Retrieved from <http://www.ncsbn.org>



**UNLV**  
UNIVERSITY OF NEVADA LAS VEGAS

**UNLV School of Nursing**  
4505 Maryland Parkway Box 453018  
Las Vegas, NV 89154-3018  
1-702-895-3360 <http://nursing.unlv.edu>

**Master of Science  
in Nursing (MSN)  
and Post Master's Certificates**

- Family Nurse Practitioner
- Nurse Educator

**Doctor of Nursing Practice (DNP)**

University of Nevada Doctor  
of Nursing Practice (UNDNP)

- **ONLINE**
- Collaboration with UNR
- Full-Time and Part-Time Options
- Two Tracks Available:  
Nurse Executive  
Advanced Practice

**PhD in Nursing**

- **ONLINE**
- Full-Time and Part-Time Options
- Two Tracks Available:  
Teacher Scholar  
Urban Sustainability: Health

For All Graduate Programs, contact:

Jill Racicot  
[jill.racicot@unlv.edu](mailto:jill.racicot@unlv.edu)  
(702) 895-5920



**CARSON TAHOE**  
— HEALTH —

Visit our website for current nursing opportunities

**[www.carsontahoe.com](http://www.carsontahoe.com)**

**Job hot line: 888.547.9357**

Carson City, Nevada (Located in Northern Nevada, near Lake Tahoe and Reno)



**Featuring**

- JCAHO accredited
- Comprehensive healthcare system
- Growth opportunities
- Competitive salaries
- Medical benefits
- Generous 401k
- Vacation / Sick leave
- Paid holidays
- Education assistance



EOE



**WILLIAM BEE  
RIRIE**

CRITICAL ACCESS HOSPITAL  
AND RURAL HEALTH CLINIC

**JOIN OUR TEAM**

**Clinical Informatics Coordinator  
Full-Time RN & Full-Time OR RN**

experience preferred; sign on/relocation  
bonus available; generous benefits; State re-  
tirement (PERS); very competitive salaries.

WBRH is an EOE

**Contact: Vicki Pearce**  
[vicki@wbrhely.org](mailto:vicki@wbrhely.org) • 775-289-3467, ext 229  
**[www.wbrhely.com](http://www.wbrhely.com)**

# Reach Recruit Retain



Mailed to every nurse and CNA in Nevada – **over 38,000 individuals**

## **The Nevada Board of Nursing NEWS**

to reserve advertising space  
**contact Michelle Gilbert**  
[mgilbert@pcipublishing.com](mailto:mgilbert@pcipublishing.com)

**1-800-561-4686** ext.120

Our nursing journals are mailed directly to over 1.5 million nurses, healthcare professionals and educators nationwide.

Arizona	North Carolina
Arkansas	North Dakota
The District of Columbia	Ohio
Indiana	Oregon
Kentucky	South Carolina
Mississippi	South Dakota
Montana	StuNurse/Nationwide
Nebraska	Tennessee
Nevada	Washington
New Mexico	West Virginia
	Wyoming

**ThinkNurse.com**

How do you remember to renew your nursing license now that reminder postcards are not sent from the Board of Nursing?



- Put in my day planner
- Put it in my cell phone calendar
  - Put it in my home computer reminder system
- Put it on my outlook calendar
- There are several internet reminder systems that are free of charge. One example is "memo to me.com."
- There is a scheduled text message service where you can queue up a text message to be delivered at a date and time specified.
- Put it where I keep my list of friend's birthdays and then send myself a birthday card with a reminder. Or ask a friend to send me a birthday card with a reminder and maybe a little cash.

**• Put it on a post-it and post in my work area**

Tips compliments of Doreen Begley, Steve Kutz and Washoe County Health Nurses.

# WALK WITH ME...

By Mary Hackie, MSN, RN

...Or run if you intend to keep up – Summer Saturday 7pm shift report on four ER patients: 33 YO kindergarten teacher sent by home hospice for pain control, 39 YO T1 diabetic rancher flown in by Mercy Air for vomiting, 81 YO who missed dialysis because he was sick, and a 23 YO IV drug abuser with skin infections. Attempting to access the hospice patient's port-a-cath, but the ER is out of Huber needles – supply tech called in sick – on hold for central supply when the secretary yells “Lab on the other line with a critical value –the rancher has a blood sugar of 1123.” A new Resident, who excelled in Arrogance 101, barks “why doesn't he have 2 lines running?” while you run and catch the restless drug abuser as she climbs over the side rails moaning “I'm allergic to Narcan.” Central supply says “you want what kind of needle? I'm new here...” glance at the monitor and note the dialysis patient has widening QRS complexes. Security reports “a bunch of kindergarten kids are here to visit and we need to get them out of the lobby” – central supply delivers the wrong size Huber needle – drug abuser is sleeping, respiratory rate of 10 – get a second line in the diabetic while the Resident sits and writes a second page of orders – Pyxis – why so slow to recognize my fingerprint? - is out of IV insulin call the Pharmacy “I can't make your IV insulin bag until you fax the order and by the way I'm workin' alone down here tonight.” Resident barks “why didn't you notice these QRS complexes getting wider? and when will the dialysis tech be here?” Drug abuser's respiratory rate is 8, too quiet now better administer oxygen as the adjacent kindergarten teacher moans in pain just a curtain away. Fax to Pharmacy, call dialysis and wait, wait, wait on hold – security on the other line “these kids and parents are getting restless in my waiting room” – proper Huber needle arrives from Central Supply “ah, one of our dialysis techs called in sick, the other one will be there soon” – insert the Huber needle into the port-a-cath and obtain flashback – drug abuser has a respiratory rate of 8 – get Narcan from the Pyxis – insulin IV bag is delivered by Pharm Tech who says “don't you know yesterday was payday and the other tech called in sick and why did you need this in such



a hurry anyway?” Medicate the kindergarten teacher just as six kids and their righteous parents arrive to announce “what took you so long, nurse?” Interrupt a coworker to get the insulin IV bag and calculation 2x checked and hung just as the dialysis tech rolls in her machine. Resident barks “why didn't you tell me I need to intubate this drug abuser?” (nurse thinks: who is the real abuser?)...It is 8pm...will your shoes hold up for 11 more hours without a break?

Subtle subservience in an environment of organized chaos is the norm for Nevada ER RNs and CNAs. Our tolerance of this climate contributes to safety breaches and sentinel events. Speak out for a better, safer environment for staff and patients.

The author is pictured with her husband ER Dr. Ed Hackie. “If he didn't treat nurses well I wouldn't have married him.” The Hackie's rendition of the 1945 Life Magazine photo is a respectful tribute to our Veterans.

*Editor's note: Patient confidentiality is respected, this day is fictional no HIPPA Violations but a very real reflection of Emergency nursing.*





## You can pursue your passion in paradise

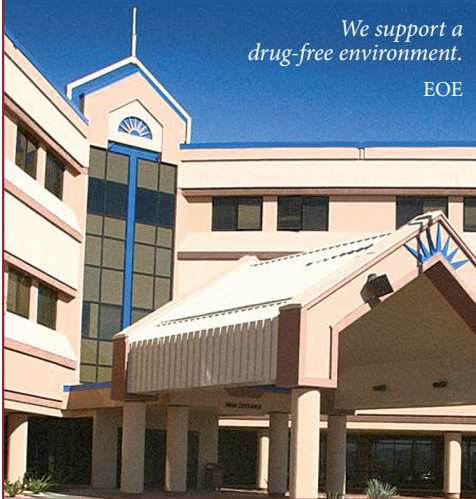
Our 181-bed facility is home to advanced healthcare technology and a full range of specialized treatment options. If you share our passion for community-focused caring, consider a career with our facility as a:

### REGISTERED NURSE Full Time & Seasonal

Havasas Regional Medical Center offers excellent opportunities in all aspects of nursing. We also offer an excellent compensation and benefits package, including health, dental, vision, life insurance, 401K and a generous vacation plan.

For further details regarding job opportunities or to apply, visit our website [www.havasuregional.com](http://www.havasuregional.com)

*We support a  
drug-free environment.*  
EOE



# WALK WITH A NURSE INVESTIGATOR

By Chris Sansom, MSN, RN

Nurse investigators collect data and investigate complaints submitted regarding nursing assistants and licensed nurses (referred to as nurses hereafter) to support the Board's mission to protect the public's health, safety and welfare through effective regulation. The NSBN has three nurse investigators who are all Registered Nurses with eighty-five years of combined experience in a variety of nursing specialties.

As licensed professional nurses we understand how difficult it is for nurses to receive a certified letter or a telephone call from the Board to find out they are under investigation. We often times interact with nurses and complainants at a time when they are fragile, heart-broken, bewildered, devastated, angry, confused, and/or overwhelmed. Consumers do not understand why their trust in the profession was breached. Nurses (respondents) may not understand why a coworker, employer or consumer (complainants) filed allegations with the Board. Our role is to be independent fact finders. It is not to assume complainants are correct or that nurses are automatically guilty or innocent.

Being registered nurses is critical to the investigative process of conducting thorough and credible investigations. We bring our practice experience with us, and when we find it lacking in a certain area, we conduct research or call for help from those best qualified. We recognize when a complainant's outrage may be misdirected, a result of lateral violence in the profession, or when it is exactly on target. It is a heavy burden at times when actual patient harm has taken place with or without intent on anyone's part, or when a nurse's conduct is so egregious it defies logic. Every profession has rules and standards and mechanisms to enforce them. The Board of Nursing appointed by the governor sets the rules and standards, and the investigators assist the Board by gathering facts to enable decision making to enforce them.

Our role is fulfilled when there is no evidence of a violation of the Nurse Practice

Act is found, when the nurse completes courses to remediate their practice, or when there is actual disciplinary action by the Board. Evidence obtained during the course of an investigation (medical records, personnel records, controlled prescription sheets for example) will either support the allegations in the complaint or it will not. We will not stop an investigation until we have a reasonable degree of certainty that all of the evidence available has been received. As nurses, we would want no less for ourselves and believe that we owe the Board and the profession nothing less than the truth.

If a Board investigator must contact you, there is much you can do to make the process as smooth as possible. You are encouraged to visit the Board's website under Forms where there is a fact sheet for complainants and for respondents. First and foremost, keep your address current with the Board as mandated by the Nevada Nurse Practice Act.

In addition to investigating complaints, the nurse investigators answer scope of practice questions related to the Nurse Practice Act. The entire Nurse Practice Act (NPA), Practice Decisions, and the Determining Your Scope of Practice algorithm can be found on the Board's web site. Try the algorithm yourself – it is the same tool we use when you call us with questions.

Being a nurse investigator is a fascinating, rewarding and challenging career – and sometimes a lonely one. Complainants are unhappy when we do not find evidence to support their claims, and nurses are unhappy that their practice is being questioned. It is a difficult job, but there are rewards. We cheer when the impaired nurse completes treatment and returns to safe practice. We are saddened when consumers are harmed by careless, negligent or willful action by nurses, but are lifted when the Board removes their privilege to practice. In the end it's about following the law and doing the right thing – we strive to do that everyday.

Have a question?  
Give us a call.

# Nevada State Board of NURSING NEWS

## ADMINISTRATION

5011 Meadowood Mall Way, Suite 300, Reno, NV  
89502, 888-590-6726  
nursingboard@nsbn.state.nv.us

### **Debra Scott, MSN, RN, FRE,**

*Executive Director*

Statewide Liaison and Spokesperson  
Organizational and Public Management  
Fiscal and Human Resource Management  
Legislative and Governmental Relations  
APN Advisory Committee Chair  
Nursing Practice Advisory Committee Chair

### **Chris Sansom, MSN, RN, Director of Operations**

Program Management  
CNA Advisory Committee Chair

### **Fred Olmstead, General Counsel**

Legal Counsel

### **Dean Estes, Director of Finance/Technology**

Budget, Accounting and Payroll  
Technology Support  
Programming  
Website

### **Roseann Colosimo, PhD, MSN, RN, Education Consultant**

Nursing Education Programs  
CNA Training Programs  
Continuing Education Programs  
Education Advisory Committee Chair  
Advanced Practice and International Graduate  
Document Analysis

### **Patty Shutt, LPN, Site Operations Supervisor**

Las Vegas Site Supervision  
Advanced Practice Certificate Processing

### **Gail Trujillo, Executive Assistant**

Assistant to the Executive Director  
Scheduling  
Board Meeting Agenda and Arrangements

## SUPPORT STAFF

### **Jared Armstrong, IT Assistant**

Technology Support  
Website

### **Christie Daliposon, Management Assistant**

Assistant to the Director of Operations  
Discipline Investigative Support  
Compliance Support  
Board Meeting Preparation  
Disability Advisory Committee Scheduling  
Nursys Data Entry

### **Wendy Dostal, Management Assistant**

Assistant to General Counsel and Compliance  
Coordinator  
Board Meeting Preparation  
Disability Advisory Committee Scheduling  
Nursys Data Entry

### **Cyndie Souza, Management Assistant**

Discipline Investigative Support  
Yes Answer and Fraudulent Application Processing  
Endorsement Forms  
Board Meeting Preparation  
Nursys Data Entry

## PROGRAM STAFF

5011 Meadowood Mall Way, Suite 300,  
Reno, NV 89502, 888-590-6726

2500 W. Sahara Ave., Suite 207, Las Vegas, NV  
89102, 888-590-6726

nursingboard@nsbn.state.nv.us

Investigations and Monitoring

### **Linda Aure, BSN, RN-BC, Senior Investigator**

Complaint Investigations  
Nursing Practice Questions

### **C. Ryan Mann, BSN, RN, Application Coordinator**

Application Review Fraudulent Application Screening

### **Cindy Peterson, RN, CRRN, CLNC, CHCQM, Investigator**

Complaint Investigations  
Nursing Practice Questions

### **Kathleen Reynolds, BHS, RN,**

*Compliance Coordinator*

Disability Advisory Committee Chair  
Disability Advisory Committee Scheduling  
Probation and Alternative Program Monitoring  
Reinstatement Applications

### **Sherri Twedt, RN, CLNC, Investigator**

Complaint Investigations  
Nursing Practice Questions

Licensure/Certification

### **Sarah Bowen, Licensure Specialist**

Licensure Eligibility Questions  
Endorsement and Examination Applications  
Continuing Education Providers  
International Nurse Graduates and Licensure  
Issues  
RN/LPN CEU Audits

### **Patty Towler, Senior Certification Specialist**

CNA Registry Maintenance  
CNA Certification and Renewals  
CNA Program and Instructor Approvals  
Certification Audits (CNA, APN, CRNA)

Support

### **Ariadna Ramos, Program Assistant**

Endorsement Applications  
Licensure Eligibility Questions  
Spanish-speaking Services for Consumers  
Program Support of Licensure and Certification

### **Jeannette Calderon**

### **Rhoda Cope**

### **Sandy Webb**

### **Demi Hays - Receptionists**

Renewal Applications  
Program Support  
Inquiries, Information and Referrals  
Licensure and Certification Applications

# BOARD MEMBERS



### **Patricia "Tish" Smyer, DNSc, RN**

President,  
Term expires 10/31/12



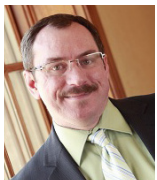
### **Doreen Begley, MS, RN**

RN Member  
Term expires 10/31/12



### **Sandra Halley**

Consumer Member  
Term expires 10/31/13



### **Rick Carrauthers, LPN**

Vice President  
Term expires 10/31/13



### **Kelly Espinoza, MSN, RN**

Term expires 10/31/12



### **Jennifer Snidow, CNA**

Secretary  
Term expires 10/31/15



## Nevada Nurses Association 2012 State Convention

### Healthy Nurses—Healthy Workplaces: Empowerment in Action

#### When:

October 6, 2012

8:30-5:00 p.m.

#### Where:

**Grand Sierra Resort**



2500 E. Second Street  
Reno, NV 89595

#### Nearby Attractions Include:

- Lake Tahoe
- Golf Courses
- Historic Virginia City

#### Call 1-800-501-2651 for reservations.

Mention Nevada Nurses Association, code "Nurses" for special rates.

#### Conference Fees

NNA Members	\$70
Non NNA Members	\$85
NVSNA or NNA/ANA member	\$30
prelicensure students	
Non Member prelicensure students	\$35
Mix & mingle	\$20

**These early bird special rates end September 7. Register today!**

Make checks payable to NNA. Mail to:

NNA State Convention  
P.O. Box 34660  
Reno, NV 89533

**For groups of 10 or more, call 775-747-2333 for special rates.**

Registration is now open for the 2012 NNA State Convention. The theme of this year's convention is Healthy Nurses--Healthy Workplaces: Empowerment in Action. Register before September 7 to receive the Early Bird discount.

The event will begin with a Mix & Mingle + Legislative Meet & Greet on Friday, October 5 and continue with multi-track sessions on Saturday. Visit our website [www.nvnurses.org](http://www.nvnurses.org) for more information or to register online. CEUs pending. Conference highlights include:

- Expert Speakers
- Vendors and Exhibits
- Networking Opportunities
- Multi-Track Sessions
- Wellness Scavenger Hunt
- Prizes
- And much more...!

We are pleased to be collaborating with the Nevada Student Nurses Association for this year's convention. A special student session will focus on making your resume stand out, cover letters, and job interviewing skills.



#### Conference Sessions

- Motivation to change
- Inappropriate and Disruptive Behavior in the Workplace
- Compassion fatigue: Continue to Care and Maintain Your Health and Sense of Purpose
- Workplace safety
- Bladder Control as a Fitness Concern
- Breaking Free from Addictions
- Get Fit!
- Massage Therapy
- Financial Wellness
- How to Make Your Resume Stand out from the Rest
- What If?
- Nevada Action Coalition
- And MORE!

**Register online now at [www.nvnurses.org](http://www.nvnurses.org).  
or call 775-747-2333 for more information**



# HEALTHY NEVADA NURSES INITIATIVE

BY Elizabeth Fildes, Ed.D, R.N., CNE, CARN-AP and Margaret Curley, R.N., B.S.N.

Nurses who are truly healthy – physically, mentally, emotionally, spiritually, and professionally – can transform their environments, ranging from dysfunctional workplaces to the troubled health care system of our country.

Being a nurse means accepting a mission to advocate for a health care system that responds to the needs of all. Being a nurse means accepting the responsibility to promote, optimize and protect patients' health and safety. Being a nurse means keeping a promise to prevent illness and injury and to alleviate suffering. In fulfilling these commitments, we become agents of love, compassion, justice and equality in our society. Underlying this fulfillment is our need – our duty – to be healthy ourselves – physically, mentally, emotionally, and spiritually and professionally.

We know all this. Yet, despite our acknowledged commitments and despite our knowledge of the impact of chronic diseases on patients and their loved ones, we often neglect our own health. It is apparent that many of us desperately need the same support and interventions we have always given unhesitatingly to our patients. Many of us are stressed at work and at home. Many are morbidly obese and, despite punishing work schedules and endless outside responsibilities, don't engage in healthy exercise. Many abuse tobacco, alcohol and other drugs. It is high time for the beliefs we profess – about health, safety, preventing injury and illness, alleviating suffering – to manifest in a proper regard for our own lives, our own health, our own fitness to live and to serve.

Armed with the belief in nurses' transformative power, determined that it should produce action and exemplary results in our own lives; the Nevada Nurses Association is taking the challenge of helping Nevada nurses become healthier. This

October 5th, we are launching the Healthy Nevada Nurses Initiative at the Nevada Nurses Association State Conference! Our goal is to empower and motivate Nevada nurses to give priority to their own personal health, safety, and wellness. In doing so, we live our lives to the fullest – physically, emotionally, mentally, spiritually, and professionally – we achieve the greatest possible combination of our own personal strength and the resourcefulness of others in addressing our patients' interests. We also capture the moral high ground of exemplifying what we ask of others.

The Initiative begins with the following objectives:

- Conduct a statewide Health Risk Assessment based on the holistic healing model
- Create a mechanism for groups of nurses to support each other in meeting their holistic health goals
- Provide 50 weeks of educational webinars/teleconferences that will serve as a focal point for face to face or virtual group meetings
- Develop self-monitoring tools to help participants track their progress with tips on how to overcome challenging barriers
- Support nurses' efforts with trained nurse-coaches via a nurse-managed Chronic Diseases Prevention Helpline
- Evaluate initiative outcomes 12 months after launch based on the number of small groups formed and on participant self-reports

With all that, we're also issuing a challenge to all nurses: Suggest activities! Send your suggestions to [Elizabeth.Fildes@tun.touro.edu](mailto:Elizabeth.Fildes@tun.touro.edu) or [nvnursesassn@mvqn.net](mailto:nvnursesassn@mvqn.net).

## Nursing Networking

- The "NEW" Classifieds  
(1.5" wide x 1" high)

Contact Michelle Gilbert at  
[mgilbert@pcipublishing.com](mailto:mgilbert@pcipublishing.com)  
1-800-561-4686 ext. 120

## • Phlebotomy

Training  
ICD-10  
Certification

## • EKG Training

Call Today  
702.645.7900

[www.medicalskillsforlife.com](http://www.medicalskillsforlife.com)

**B&D**  
Fingerprinting  
Services, LLC

CHILD ID KITS

Mobilized  
Business to Business

800 N. Rainbow Blvd  
Suite 175  
Las Vegas, NV 89107  
702-485-5256  
[dawn@bdfingerprinting.com](mailto:dawn@bdfingerprinting.com)

Electronic Submission  
Free Employer Accounts  
Call for More Details  
[www.bdfingerprinting.com](http://www.bdfingerprinting.com)



State of Nevada  
Department Of Health and Human Services  
Division of Mental Health and Developmental Services  
**Southern Nevada Adult Mental Health  
Services**  
Is Seeking... **Psychiatric Nurses**

Southern Nevada Adult Mental Health Services (SNAMHS) is currently seeking **Psychiatric Nurses** for our Agency located in Las Vegas, NV. SNAMHS is a State of Nevada agency whose Mission is to help adults with mental illness improve their quality of life, by providing inpatient and outpatient mental health services for the Southern Nevada community. We are committed to developing innovative programs and service delivery systems to a diverse patient population. Our greatest asset is 600+ professional staff dedicated to the betterment of the lives of our consumers.

Excellent benefits package including health, dental, prescription and vision insurance, Public Employees Retirement Plan, three weeks paid vacation, three weeks sick leave, 11 paid holidays and no state, county, city or Social Security tax!

FOR ADDITIONAL INFORMATION CONTACT  
[bmullins@snamhs.nv.gov](mailto:bmullins@snamhs.nv.gov)

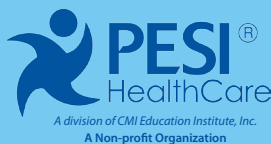
Ms. Brianna Mullins – SNAMHS HR Dept.  
1321 Jones Blvd., Las Vegas, NV 89146

Three **TOP CONFERENCES** are coming  
to **Las Vegas** in **October!!**



- 10/10/12 **Emergency Nursing Essentials National Conference**  
at the Paris Las Vegas
- 10/17/12 **Cardiac Essentials National Conference**  
at the Planet Hollywood
- 10/24/12 **National Conference on End of Life Care**  
at the Planet Hollywood

Nursing News readers receive **\$30 off** live conference tuition.  
Sign up today and enter promo code **VEGAS!**



Visit  
[www.pesihealthcare.com/go/vegas](http://www.pesihealthcare.com/go/vegas)  
for pricing and registration



## Navajo Technical College

P.O. Box 849, Crownpoint, NM 87313-0849

### ASSOCIATE DEGREE NURSING PROGRAM

Invitation to apply for the following positions:

- Director of Nursing Programs/Nursing Department Chair
- Nursing Program Instructor

Excellent benefit package.

MSN, nursing education experience required.

View full job descriptions at <http://www.navajotech.edu/index.php/human-resources>

Contact Human Resources at 505-786-4109

Mailed to every nurse and  
CNA in Nevada – over  
**38,000 individuals**



## Advertise with us

to reserve advertising space

contact **Michelle Gilbert**

[mgilbert@pcipublishing.com](mailto:mgilbert@pcipublishing.com)

or 1-800-561-4686 ext.120



**Eighth  
Annual**

# Nursing Continuing Education **CRUISE**

April 14-21, 2013

*on our largest ship Ever!*

Cruise your way to  
**Nursing CE Credits**  
in the **Eastern Caribbean**  
aboard

***Carnival's  
Magic!***

One of the newest and  
largest Fun Ships

 **Carnival.**  
The Fun Ships.®



Day	Port	Arrive	Depart
Sun	Galveston, TX		4:00 PM
Mon	Fun Day At Sea		
Tue	Key West, FL	10:00 AM	6:00 PM
Wed	Freeport, The Bahamas	8:00 AM	5:00 PM
Thu	Nassau, The Bahamas	7:00 AM	5:00 PM
Fri	Fun Day At Sea		
Sat	Fun Day At Sea		
Sun	Galveston, TX	8:00 AM	

## ***Who says Continuing Education can't be fun?***

Join ThinkNurse and Poe Travel for our 8th Annual CE Cruise. Cruise the Caribbean on Carnival's Magic while you earn your annual CE credits and write the trip off on your taxes! Prices for this cruise and conference are based on double occupancy (bring your spouse, significant other, or friend) and start at only \$1088 per person (not including airfare to Galveston) A \$250 non-refundable per-person deposit is required to secure your reservations. Please ask about our Cruise LayAway Plan!

Conquer the High Seas with the Carnival Magic. It's one of their newest and largest "Dream Class" ships. With so much to do onboard you may not want to go ashore! Dining, live music, Seaside outdoor theatre, resort pools, stage shows and Karaoke, bars, pubs and clubs, Casino and gaming, spa and fitness center—even the first-ever ropes course at sea! And that's only scratching the surface! Do try to work in a little shore time to visit the unique and beautiful Key West. You'll be intrigued by the Bahamas. It's all the more enjoyable knowing you are coming back to Magic!

For more information about the cruise and the curriculum, please log on to our Web site at [ThinkNurse.com](http://ThinkNurse.com) or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

**POE**TRAVEL



**WELCOME**  
TO Fabulous  
**LAS VEGAS**  
**UNIFORMS**

**LAS VEGAS UNIFORMS**

*Specializing in Medical, Security,  
Construction, Restaurant and more*

**734-7070**

**LAS VEGAS**  
Logos & Embroidery

**LAS VEGAS LOGOS  
& EMBROIDERY**

*Logo Digitization, Embroidery,  
Patches, Alterations*

**740-7070**

**LAS VEGAS**  
**TACTICAL**

**LAS VEGAS TACTICAL**

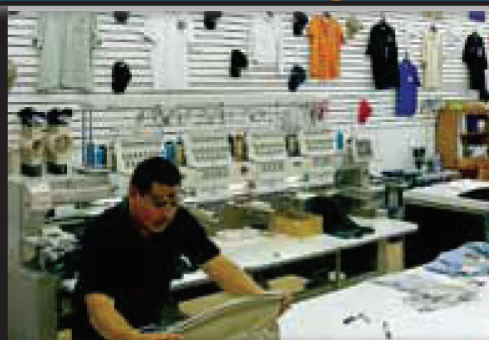
*Law Enforcement, Security, Military,  
EMS, and Firefighters*

**739-7070**

[LasVegasUniforms.com](http://LasVegasUniforms.com)

[LVEmbroidery.com](http://LVEmbroidery.com)

[LasVegasTactical.com](http://LasVegasTactical.com)



**KOI CLEARANCE from \$9.99 • Scrubs from \$5.00**



**We GUARANTEE our  
warehouse prices to  
be the LOWEST you  
will find!**



**Open 7 days a week,  
Mon-Sat 10am-6pm  
Sun Noon-5pm**



**[LasVegasUniforms.com](http://LasVegasUniforms.com)**  
**[LVEmbroidery.com](http://LVEmbroidery.com)**  
**[LasVegasTactical.com](http://LasVegasTactical.com)**

967 E. Sahara Avenue & 953 E. Sahara, Ste B-20 • Las Vegas, NV 89104  
*One Block West of Maryland Parkway*

